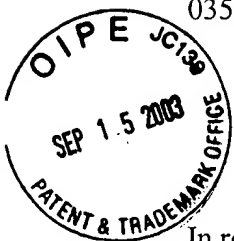


03560.002163

PATENT APPLICATION

17/E
Adams
10/6/03



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

SHUICHI OKAMURA

Application No.: 09/057,556

Filed: April 9, 1998

For: IMAGE COMMUNICATION
APPARATUS, IMAGE
COMMUNICATION METHOD, AND
RECORDING MEDIUM WHICH
STORES THE METHOD

Examiner: S. Tsegaye

TC/Art Unit: 2662

RECEIVED

SEP 16 2003

Technology Center 2600

September 12, 2003

Commissioner for Patents
Mail Stop: Non-Fee Amendment
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated June 17, 2003, the Examiner is
respectfully requested to amend the above-identified application as follows:

2662

In re Application of:

SHUICHI OKAMURA

Application No.: 09/057,556

Filed: April 9, 1998



Docket No. 03560.002163

Examiner: S. Tsegaye

TC/Art Unit: 2662

For: IMAGE COMMUNICATION APPARATUS, IMAGE COMMUNICATION METHOD, AND RECORDING MEDIUM WHICH STORES THE METHOD

Date: September 12, 2003

RECEIVED

SEP 16 2003

Technology Center 2600

COMMISSIONER FOR PATENTS

Mail Stop: Non-Fee Amendment

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 14	MINUS	** 20	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$42 \$84	0
Fee for Multiple Dependent claims \$140°/\$280						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.


** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$_____ to cover the fee for a _____-month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☐ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant
LOCK SEE YU-JAHNES
Registration No. 38,667

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

Form #120

NY_MAIN 359213v1